

*Printed between the covers and is to be kept*  
THE COMMONWEALTH OF MASSACHUSETTS

ANNUAL REPORT

of the

TRUSTEES

of the

*"Mass.:*  
B O S T O N S T A T E H O S P I T A L *(Insane)*

for the

YEAR ENDING JUNE 30, 1948

The Hundredth and Eighth Annual Report of the  
Hospital

Founded in 1839 by the City of Boston

1948  
(Imprint)

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1948  
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BOSTON STATE HOSPITAL

(Post Office Address, Dorchester Center 24, Mass.)

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Theodore F. Lindberg, M. D.,	Ex-officio
Walter E. Barton, M. D.,	Ex-officio



## HOSPITAL POLICY

The Boston State Hospital has as its objectives:

1. The increase in the number of patients discharged to the community as recovered from mental illness.
2. The reduction of the time spent by each patient in the hospital.
3. The reduction of the incidence of relapses and consequent readmissions.
4. The improvement in comfort and sense of well being of those who must remain in the hospital.
5. The more complete rehabilitation of patients who have had a mental illness so that they may find a secure place in their community.
6. The decrease in the incidence of mental illness in the community, if possible.
7. The creation of a place where all professions interested in mental and emotional problems of people may study human behavior and contribute to the alleviation of human suffering.
8. The discharge of its mission in the most efficient and economical way with an ever present awareness of obligation and service to the people of this commonwealth.



## HEADS OF HOSPITAL DEPARTMENTS

Mr. Avery W. Cook	Assistant State Hospital Steward
Mrs. Anna C. M. Hargreaves, R. N.	Assistant Principal of the School of Nursing and Director of Nursing Education
Mrs. Mabel F. McKenzie, R. N.	Assistant Principal of the School of Nursing, in Charge of Administration
Mrs. Ellen B. Houde	Institution Treasurer
Miss Dorothea Prestininzi	Assistant Treasurer
Mrs. Lillian S. Irvine, A.B., M.S.	Head Social Worker
Miss Katharine Rand, A.B., LL.B., O.T.R.	Head Occupational Therapist
Mrs. Viola M. Union	Principal Clerk
Mr. Michael J. Waldron, Jr.	Chief Power Plant Engineer
Mr. David W. Barrett	Maintenance Foreman
Mr. Bernard Leonard	Storekeeper
Mr. John F. Moylen	Head Industrial Therapist
Mr. Joseph Contaldo	Head Laundryman
Mrs. Helen Logue	Head Housekeeper
Mr. Eric L. McNab	Head-Garage, Grounds and Farm Departments
Mrs. Genevieve Stella	Head Seamstress
Mrs. Esther Currie McCabe, A.D.A.	Dietitian
Miss Althea MacMillan	Assistant Dietitian

## HOSPITAL CHAPLAINS

Rev. Robert Pierce

Rev. William P. Sullivan

Rabbi Moses L. Sedar



## RESIDENT STAFF

### Reception Service

Rudolph Kaldeck, M. D.

Senior Physician in  
Charge - Male Wards

James Mann, M. D.

Senior Physician in  
Charge - Female Wards

### West Mens' Service

Christopher T. Standish, M. D.

Senior Physician

### West Womens' Service

Ruth Ehrenberg, M. D.

Senior Physician

### East Service

Jose Gurri, M. D.

Senior Physician

### Medical Service

William F. McLaughlin, M. D.

Senior Physician and  
Chief of Service

N. Anthony Bicchieri, M. D.

Senior Physician

### Hospital Pathologist

Naomi Raskin, M. D.

Senior Physician

### Assistant Physicians

Dante V. Capra, M. D.

Malcolm W. Finlayson, M. D.

John M. MacKenzie, M. D.

Mignon C. Chasen, M. D.

Dora Menzer, M. D.

Irving M. Rosen, M. D.

### Psychiatric Residents

Robert S. Johnson, Jr. M. D.

Norman C. Rintz, M. D.

Hugo del Bosque, M. D.

Oscar M. Powell, Jr., M. D.



Research Staff

Elvin V. Semrad, M. D.  
Leo Alexander, M. D.

Rose Winston, M. D.

Miss Gladys Howard  
Miss Helen Berman, R.N.

Director  
Director-Neurobiological  
Unit  
Senior Physician and  
Research Associate  
Biochemist  
Electroencephalographic  
Technician

From the Multiple Sclerosis Foundation

Miss Rosamond Herrmann  
Miss Jean C. Marion

Social Worker  
Secretary

From Research in Fertility

Miss Evelyn Showstack

Laboratory Technician

Hospital Dentist

John D. Thomas, M.D., D.M.D.



## VISITING STAFF

### Surgical Division

Chief Surgeon  
Visiting Surgeon, Senior  
Visiting Surgeons  
  
Visiting Surgeon, Senior -  
Orthopedic Surgery  
Visiting Surgeon, Orthopedic  
Surgery  
Visiting Surgeon, Senior -  
Thoracic Surgery  
Visiting Surgeon,  
Thoracic Surgery  
Visiting Surgeon, Senior -  
Neurosurgery  
Visiting Surgeon, Neurosurgery  
Visiting Surgeon, Senior -  
Genitourinary Surgery  
Visiting Surgeon,  
Genitourinary Surgery  
Visiting Surgeon, Senior -  
Ophthalmology  
Visiting Surgeon,  
Ophthalmology  
Visiting Surgeon, Senior -  
Otolaryngology

Alexander J.A. Campbell, M.D.  
Allan L. Davis, M. D.  
J. Edward Flynn, M. D.  
Charles G. Shedd, M. D.  
Albert S. Murphy, M.D.  
Karl D. Kasparian, M.D.

Charles Bradford, M. D.  
Robert S. Hormell, M. D.  
Joseph P. Lynch, M. D.  
John W. Strieder, M. D.  
Donald Munro, M. D.  
A. Price Heusner, M. D.  
Boris E. Greenberg, M. D.  
Max L. Brodny, M. D.  
Garrett Sullivan, M. D.  
Francis J. West, M. D.  
Daniel Miller, M. D.

### Medical Division

Chief of Medicine  
Visiting Physician, Senior -  
Dermatology  
Visiting Physician, Senior -  
Medicine and Allergy  
Visiting Physician, Senior -  
Endocrinology  
Visiting Physician, Medicine  
Visiting Physician, Senior,  
Radiology  
Visiting Physician, Tuberculosis  
Visiting Physician, Physical  
Medicine

Hyman Morrison, M. D.  
Francis P. McCarthy, M. D.  
Francis M. Rackemann, M. D.  
Samuel Gargill, M. D.  
Samuel Stearns, M. D.  
Robert H. Hermanson, M. D.  
Joseph D. Wassersug, M. D.  
Louis Feldman, M. D.

### Psychiatric Division

Chief Psychiatrist and Chief of  
Professional Services  
Visiting Psychiatrist, Senior  
Visiting Neurologist, Senior  
Visiting Psychiatrist  
  
Visiting Anesthetists  
  
Visiting Podiatrist  
Visiting Dentist

Elvin V. Semrad, M. D.  
A. Warren Stearns, M. D.  
Wilfred Bloomberg, M. D.  
Norris B. Flanagan, M. D.  
  
Rose Winston, M. D.  
Murray Winston, M. D.  
Charles H. Thorner  
James E. Gibbons, D.M.D.



## TRUSTEES' REPORT

To His Excellency the Governor and the Honorable Council;

The Board of Trustees of the Boston State Hospital respectfully present the 108th annual report for the year ending June 30, 1948;

During this year the Board lost two of its members. Mr. Thomas D. Russo died suddenly of heart disease on November 18, 1947. He had served very faithfully for many years; was deeply interested in the hospital and was always ready with helpful suggestions and thoughtful advice. The rest of us miss Mr. Russo.

Mrs. Anna C. M. Tillinghast resigned in April. She, too, had served long and faithfully. Her former experience in public office - as Commissioner of Immigration - was valuable to the Board: Mrs. Tillinghast understood the workings of state government. She did not talk much but what she said was always sound and forceful, and to the point. She was Secretary of our Board. In her place Governor Bradford appointed Mrs. Elizabeth C. Minot on May 28th. Mrs. Minot had been an active worker in the movement to improve the government of Cambridge. Her wisdom and energy will be useful.

Dr. James V. May, superintendent of the Boston State Hospital from Dec. 1, 1917 to Dec. 18, 1936, died on December 26, 1947. He was a distinguished leader of American Psychiatry. Before his day the treatment of the "insane" was chiefly by confinement and restriction. Dr. May had vision; also he had hope. It was he who classified the patients and started the intensive study and treatment of newly admitted cases. In his administration several new buildings had been erected - especially the present Reception



Building which he planned so well.

The problems this year have been concerned chiefly with the increasing costs of everything. The increases in appropriations have not been proportionate to the rise in prices. Then too, the Boston State Hospital in 1948 was taking care of some 600 more patients than in 1940 and the ward quota of attendants was cut from 462 down to 415. On top of this was added the 40 hour week, and the elimination of overtime work when vacancies were filled. More employees were needed on the wards to take care of the increasing number of patients. The quota for head nurses; for trained graduates who are capable of supervising the activities of untrained attendants and capable of watching over large numbers of feeble patients, must be increased. At present there are too many places in this hospital where as many as 100 or more patients with mental illness are confined in a building with no one to watch or care for them except an untrained attendant, sometimes a man, usually a woman. The situation is not right.

The Development of the Visiting Staff Program has been an important step forward. Not only have outside consultants been brought to the hospital to help with problems in their specialties and so to improve the health of patients, but these outside doctors have relieved the strain on the house staff by making many routine physical examinations. Careful scrutiny of patients for evidences of physical illness makes it possible to recognize the beginning of chronic disease while still in the early stages where treatment may do good. Some of these visiting doctors have become interested in the problems of the hospital and have started research activities. Now the appropriation made to pay for these extra services has been



reduced. The physical examinations have been curtailed, consultations have fallen off but it is pleasing to record that several of these visiting physicians continue to serve the hospital even though they are no longer paid for their time and trouble. Such is the character of the medical profession.

To establish a Department for Out-patients at the Boston State Hospital would be to provide a real service to doctors and patients in the community. The demands for psychiatric service, for those who can't afford to see a private psychiatrist, far exceeds the ability of present clinics to provide treatment. It is believed that many patients with emotional problems could work them out during visits to a clinic thus reducing the need for hospital care later. Furthermore, the stay in the hospital could be shortened if there was a mechanism for following the patient home. Finally, the O. P. D. would mean opportunity for consultation and advice to the family doctor which might often mean the side-stepping of actual hospital admission. Such a scheme would cost money. The attending physicians would require salaries, there would be additional paid secretaries and social workers but your Trustees believe that the ends would more than justify the means. Wherever out-patient treatment for mental illness has been developed and supervised by qualified psychiatrists and physicians, the results have been well worthwhile.-- more service to more patients at much less cost.

Research is necessary. For a doctor to be content with his day's routine and not try to analyze his work and improve it, means his stagnation. Routine by itself is never good enough. Research



varies widely in kind, it could be merely the analysis and comparison of a few special cases, or it could mean costly equipment in an expensive laboratory. At Boston State we have both kinds of research. On March 11, 1948 your Trustees were delighted to receive a grant from Ralph I. Straus, president of the National Multiple Sclerosis Society, in which this society offered \$14,600 in support of a study of Multiple Sclerosis at the Boston State Hospital. Dr. Leo Alexander and his associates have acquired new apparatus and are hard at work exploring the symptoms, bodily changes and other characteristics of the disorder. It is hoped that they will learn much about the nature and the treatment of Multiple Sclerosis. There is more hope, indeed there is assurance, that the very presence of this enterprise in the buildings of the Boston State Hospital will stimulate the interest of doctors and nurses, of social workers, and of every employee. It demonstrates that this hospital is going forward.

The treatment of patients is improving slowly -- it would go ahead faster, and more people would benefit, if more personnel were available. The development of a small medical and surgical unit in H building has worked well; it has improved the treatment of acute and subacute somatic diseases. It has been a sort of model on which the rest of the hospital ought to be developed. On this ward records of the patients are available; it is possible for the doctor to see what has already happened to this individual. We need the records on other wards also, but this requires secretaries to guard them, and secretaries cost money.

Social workers, physiotherapists, occupational therapists, and dietitians are all skilled workers who are necessary for a hospital like this.



The occupational therapist should play a much larger role. If more could be provided, the patients would be busy both indoors and outdoors. Small gardens could be developed; ground care would be improved; more shops for carpentry, metal work, painting, could be developed by and for the patients and the present patient activities in the kitchens, the sewing rooms and the laundry could be extended. Now, however, without the personnel, the patients must be kept indoors: idle, and discontented. The destruction of mattresses and pillows, the tearing of sheets and blankets, the breaking of windows would be much less if the patients had something constructive to do.

The Second Annual Hospital Day was observed by the Trustees on May 12, 1948. Medals for five years services were given to 64 employees. Governor Bradford talked to the employees at a rather critical time. He made them see that he, too, wanted more pay for each of them, but also he wanted lower taxes for the average citizen and between the two ideals his problem was not easy. The employees appreciated his recognition of their problem and their contribution to patient care.

Each year, under Dr. Barton, the hospital goes ahead, but there is still more to be done and to a considerable extent progress depends upon the amount of money available. The Trustees are well satisfied that at Boston State the money is and will be spent wisely.

The Board of Trustees wishes to thank all physicians, department and division heads, nurses and the employees who have given devoted care to the patients of the Boston State Hospital. The detailed report of the superintendent follows.

Respectfully submitted,

Dr. Francis M. Rackemann,  
Chairman

Mr. Bertram H. Loewenberg,  
Secretary

Mrs. Katherine G. Howard  
Mrs. Cecelia F. Logan

Mr. Eli M. Levatinsky  
Mrs. Elizabeth Minot

Mr. Daniel T. Galvin



## SUPERINTENDENT'S REPORT

It has been said that one person in twenty has been, is, or will be a patient in a mental hospital during his lifetime. You or I may require care in a state mental hospital. Only the wealthy can afford private psychiatric hospital care. Figures show that 95% of the mentally ill in this country are cared for in public institutions. It becomes, therefore, very important to make certain that the public psychiatric hospitals give good care and treatment to those who must be admitted with mental illnesses.

If I were to require hospital care for a mental illness I should want the admission to be as simple as that to a general hospital. If I elected to go, I should like to be admitted voluntarily with a minimum amount of red tape. I should want the procedures explained to me so that my fear of the unknown would be lessened. I would expect to be cared for on a ward with other patients in approximately the same state of health as I was. I would expect the ward to be reasonably attractive, to offer some opportunity for privacy and to be furnished with the essentials. I would expect to find in a large city general hospital.

I would hope to be cared for by kindly, understanding nurses and would expect to find enough of them at hand so that when I called or was in need, one would be available to respond.

I would expect physicians to give me prompt and thorough examinations and to speedily apply any treatments I needed. All modern psychiatric treatments and modern medical treatments in common use should be available.



I would expect the food and the food service to be as good as that offered in the average general hospital to ward patients.

If I had to remain for any long period of time I would expect to live in clean, pleasant surroundings and to have my physical and mental needs attended to and to have something interesting to do as a release from the boredom of empty days of waiting.

When I was well enough to leave I would expect to be promptly released with a minimum amount of red tape.

Most state hospitals are not able to provide this type of care. It is often difficult to get into them and more often than not the police and the courts participate to effect the admission. Once in, there is little thought given to orientation and explanation. Patients are not properly segregated due to overcrowding. Often the noisy and chronically mentally sick share wards with the newly admitted. Wards are often drab and not clean and lack even a place to put one's own towel or tooth brush. There often are no bedgowns, bathrobes, and many items of equipment are lacking.

There are not enough doctors to make prompt examinations and treatment can be applied only to the selected few with the most hopeful probable outcome because of personnel limitations. Patients' needs are often neglected because there are too many assigned to the care of each doctor. The individual is often lost in the mass. Nurses and doctors are so busy with routine work they don't have time to talk to individual patients.



The food is often deficient in fruit, eggs, and milk. It may be unattractively served. Cafeterias are so crowded there may not be time enough to eat.

Release may be a cumbersome procedure with long delays and many disappointments.

Superintendents of mental hospitals are always begging for more money and more people to care for the sick. A big slice of the taxpayers' money is already going to pay for the expense of the mentally ill. Prices are high, living costs unbearable; it is said the taxpayer will not pay more than he is now paying. What is it the state hospital wants anyway? It wants to insure the kind of treatment outlined above for every patient admitted to the hospital. I believe the taxpayer would bear the increased cost if he but understood the need.

It is possible to translate the aspirations for better care and treatment of the mentally sick into a few specific generalizations that will serve as a guide for future planning.

Personnel standards have been worked out to insure enough doctors and nurses to care for each type of patient. The American Psychiatric Association Standards are a goal toward which we should be striving. It may take 10 years to achieve them but we should be progressing toward their attainment. Salaries paid should be approximately the same offered employees for similar work in the community in general hospitals.



Facilities. There exist standards for mental hospitals which define the proper square footage of space needed per bed and define the comparative required day space for living room. These standards should be made operative and the overcrowding relieved. The state and this hospital needs a long range plan now that is designed to provide the proper treatment facilities.

The long range building plan for the Boston State Hospital should include the following:

1. A 300 bed Medical and Surgical Building to relieve overcrowding. This is most urgent. This should be erected on the site of the D Building which has been condemned for patient use.
2. A Recreation Building - to be built on the site opposite the Reception Building.
3. Renovation of plumbing and feeding facilities in B Building as is planned for this year on the H wards, so that provision will be made for the increasing number of senile and infirm patients who cannot attend cafeterias or use central bathing suites.
4. A Convalescent male and female unit of 100 beds each with enlargement of service space adjacent to the Reception Building. This would complete the segregation of newly admitted patients and convalescent patients from the chronic cases.
5. No expansion in the East Group of ward buildings. As new construction is needed to replace units such as M, N, R, etc., these should be located on the West side of Morton St.



6. Erection of a new cafeteria and kitchen on the site of the condemned C Building. This would provide functional cafeterias large enough to handle the increased number of patients and employees. The present cafeteria and kitchen building could then be remodeled for use by the Industrial and Occupational Therapy Departments for its many activities and provide more useful tasks for patients.
7. Relocation of the garage to a site near other service buildings in the East Group.
8. Erection of a connecting overground corridor joining the A to the B Building to the new cafeteria Building and the I to the H Building to the new Medical Building to the new Cafeteria. This would weld the units into an efficient administrative whole.

Finances. We ask that enough money be appropriated to pay for the positions established upon our payroll; enough to enable us to feed the minimal food ration standards that have been established; enough money to pay for the purchase of clothing and furnishings and building maintenance in accordance with the established standards. When budgets are cut that are based upon such established standards, fruits are dropped from the diet, patients go without dresses, there are no towels, and defective plumbing is not repaired.

In spite of the obstacles of higher prices, marginal operating funds, the 40 hour week with its loss of man hours of nursing care to patients, the accumulated neglect of building maintenance for five war years, and the scarcity of qualified professional workers and skilled employees, we have made some progress toward



the goals of improved patient care.

Progress has been made toward a full personnel quota. We have selected our employees more carefully and we have better people. We have an excellent medical staff, and fine key nursing personnel, with splendid leaders in many departments. We still have an unrealistic personnel quota. The job to be done can't be properly carried out until there are enough ward employees to give minimum coverage. There are more than 600 patients in residence now than there were in 1940 but 24 fewer employees to care for them with a 40 hour instead of a 48 hour work week.

We have made some progress in improving building maintenance. Engineering department problems still bottleneck many projects for renovations and modernization. Money appropriated for improvements , under capital outlay appropriations, if spent, (we have no authority to spend this money ourselves,) will do much to remedy some of our greatest needs.

Normal levels of operation in furnishings items were made nearly possible by a \$66,700 special fund. Sheets, pillow cases, towels, blankets, employee furniture, (for the dormitories stripped during the war,) and other items have been received.

Patient care has improved. More electric shock and more individual and group psychotherapy has helped more patients to get better. Visit and discharge rates have gone up.

Operating efficiency has improved in many units. The Treasurer's Office is keeping its work current in spite of ever increasing loads. The Storehouse, Canteen, Recreation Department, Clothing



Rooms, Beauty Parlor and many other hospital subdivisions are giving exceptional service.

All hospital employees are looking hopefully to 1949. All have been through most difficult days and are encouraged by the support we have been promised. The success of the hospital rests squarely upon each individual employee. He must accept responsibility for his job and do it well. As each one improves his own area of responsibility, the whole improves and we make more effective our care and the treatment of patients and make more efficient our hospital administration. I am most grateful to all members of the staff and to all employees of the hospital for their loyal support. The backing of the Trustees and the assistance of the Department of Mental Health has been deeply appreciated.

Respectfully submitted,

  
Walter E. Barton, M. D.

Superintendent



## MOVEMENT OF POPULATION

Each year the hospital continues to add about another eighty patients to the number already in residence. A comparison of recent years reveals:

### Patients in Residence on the 30th of June

	<u>1946</u>	<u>1947</u>	<u>1948</u>
Men	1219	1237	1299
Women	<u>1593</u>	<u>1663</u>	<u>1679</u>
Total	2812	2900	2978

Many times during the year the hospital population has been in excess of 3,000. On June 30, 1948, there were 656 more patients in residence in the hospital than there were 10 years ago. No new buildings have been built. Patients have been placed in administrative and service space, impairing efficiency of operation. Beds are crowded so closely into every available space that they often touch one another. The living space formerly available for day time use of patients is now filled with beds. New construction is urgently needed to relieve overcrowding.

More new admissions each year come to the Boston State Hospital than to any other of the state hospitals. (Only the Boston Psychopathic Hospital admits an equal number.) In 1948, 1,357 new patients were admitted, with a monthly average of 113. (There were 1,220 newly admitted patients in 1947 and 1,167 in 1946.) 685 men and 672 women were new admissions during the year.

46 patients were transferred to other institutions. Last year 59 were sent elsewhere.



184 men and 207 women, a total of 391, died in the year. Even though the number of old people has increased, the death rate has not increased in direct proportion to the rise in population.

497 patients were discharged to the community - 295 men and 202 women. (1947 - 408; 1946 - 377.)

874 patients were released on indefinite visit during the year as against 830 during 1947.

Much needed is a more effective means of measuring the effectiveness of psychiatric treatment. The ~~presently~~ collected data is inadequate. Discharge and visit rates as presently computed are not satisfactory measures. It is believed that the newer methods of treatment are returning patients to their homes more quickly than before. It would be well if statistics were collected that would reveal the whereabouts of new admissions one year from the date of admission and that would tell how long the period of hospitalization was for those who were released.

On June 30, 1948, 3,393 patients remained on the books of the hospital; 2,978 resided in the hospital and 415 were on convalescent status in the community or were otherwise absent.



## CLINICAL MEDICINE DIVISION

Elvin V. Semrad, M. D., Clinical Director and  
Chief of Professional Services

Medical treatment was available to more patients than in 1947 and for the first time approached the quality standard desired. This was made possible through the combined efforts of the resident staff of psychiatrists, that was at full quota all year, and the physicians on the visiting staff.

### Psychotherapy

The basic forms of treatment in mental illness is psychotherapy. It has seldom been available to state hospital inmates. When there are great numbers of patients and only a few psychiatrists, it is not possible except in rare instances, to employ such a time consuming treatment. Because this hospital was permitted to employ physicians in practice in the community to do many medical tasks, psychiatrists were freed for the therapy most needed and for the treatment procedures they were best fitted to give. Each staff physician was required to carry at least one patient for intensive psychotherapy and one unit of about 15 patients in group psychotherapy. In order to provide the supervision required by young physicians, who were lacking in the experience demanded by this procedure, three devices were employed - direct supervision by the Clinical Director or an experience psychoanalyst, a weekly seminar where mutual problems were discussed, and a bi-weekly workshop on "Psychotherapy of the Psychoses," where the literature was reviewed and discussed by authorities with experience. The intensive application of Psychotherapy has benefited the selected patients, the physicians (who have learned much,) and the hospital



as a whole for it has been stimulating to all who care for patients.

At the start of the year 101 patients were in group psychotherapy and for most of the year up to 360 patients were under treatment for a total of 2,761 hours of therapy (as compared with 707 hours in 1947.) From 19-54 patients were carried each month in individual psychotherapy for a total of 3,228 hours of treatment (as compared with 854 hours in 1947.) 158 narcosynthesis treatments were given (217 in 1947.)

#### Electro-stimulation Therapy

Most cases of depressions, many excitements and many cases of schizophrenia received electro-stimulation therapy. Careful "pre-shock" studies are made and controlled experimentation has justified its use in some of the "poor-risk group," including senile depressions and tuberculous individuals. Results have often been amazing. Many persons are promptly improved and their stay in the hospital shortened as a result of this treatment. Reports in the scientific literature reveal that the average hospital stay of patients suffering from Involutional Psychoses is reduced from a median of 7 months to one and a half months by electric shock therapy. Weekly "shocks", over a prolonged period, have been used with success in many who would have relapsed without it. Disturbed patients treated by this means have often become easier management problems. From 77 to 112 patients have received shock therapy each month in 3 units that operate daily. A total of 6,922 treatments were given in 1948 as compared with 3,533 in 1947 and 2,069, the total in the 4 year period, 1942 through 1946.



### Insulin Therapy

The scarcity of graduate nurses has been a limiting factor in the number of patients treated with insulin coma. It was possible in January to organize a treatment team and from that point on 5 schizophrenic patients were treated daily. Those cases with paranoid trends continued to show a more favorable response with insulin than with electro-stimulation therapy.

### Medical and Surgical Treatment

It was in the prompt and efficient treatment of physical ailments that the visiting staff made its greatest contribution. Previously, the visiting staff was used only to deal with emergencies. Under the new plan their major role is to seek out and treat disease and infirmities in order that the individual may have the best chance to regain his mental health and to enjoy life in greater physical vigor.

Physicians in practice in the community made an annual health inventory on every patient in the hospital who had been in residence for more than a year. (Recent examinations were available on the others.) Patients found to be in need of medical treatment were seen by specialists who conducted clinics at scheduled periods. Hospital care was available on two medical wards - H-7 and H-8 for men and women who required it. As a consequence of this plan the standard of care was high.

125 major operations, including 19 lobotomies, were performed as were 143 minor operations. The latter included many fracture cases. The number of treatments given in building treatment rooms for infections, ulcers, cuts, skin rashes, etc., was not



as it ran into the thousands.

Surgical clinics-weekly - examined or treated 232 patients

Medical	"	"	"	"	"	67	"
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Employees'	"	"	"	"	"	393	"
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Luetic        "        "        "        "        "        1,344        " (clinic visits)

Podiatry " 6 times monthly gave 993 clinic treatments.

Genito-urinary clinics bi-weekly gave 251 " "

Eye Clinic	19 times(Monthly +)	171 patients
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Skin	"	8 (monthly)	69	"
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Neurological Clinic 9 (monthly) 28 patients

Ear, Nose and Throat 3 (monthly)	12	"
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T. B. Clinic	Weekly	12 per week
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The above figures are incomplete as accurate counts were not kept throughout the year. Actual totals were much higher. They represent 9½ months of operations as the plan became effective when money was granted on 15 September 1947.

The figures don't begin to indicate, for example, the value of weekly visits by a specialist in Tuberculosis. The entire standard of care was changed from a dangerous custodial hazard to one of hopeful expectancy of recovery by air injections, isolation technique and other therapies.

Occupational and Physical Therapy have been discussed under the Professional Care Division. Both contributed to the improvement of patients.

## Social Service

The principal responsibility of the Social Service Department



has been to work with the families and to investigate and prepare a suitable place for the patient who is ready to return home. Social workers have made special investigations of home and environmental factors whenever asked to do so and have investigated all admissions sent by the courts charged with a crime. They have also participated more fully in the individual and group therapy program, working under the guidance of the psychiatrist. A few comparative statistics will indicate the level of work:

	<u>1947</u>	<u>1948</u>
New Cases	<u>1432</u>	<u>1773</u>
Investigations	168	219
Placement Reports	315	486
Home Placements	236	434
Placements in Industry	51	40
Visits to patients in community	860	822
Visits to patients' families	643	648
Group therapy	10 hours	290 hours

Six former students in the department filled staff positions during the year. There were 6 students in field work assignments at the hospital for nine months, 3 from Boston College, 2 from Boston University and 1 from Simmons College School of Social Work.

The following are titles of research studies made by students in the department:

"A study of the Marital Relationship as a Precipitating Factor in the Admissions of Seven Patients to the Boston State Hospital." John J. Carusone.



"Social Factors Responsible for the Retention of Partially Recovered Patients Sixty or Over at the Boston State Hospital." George F. Curtin.

"Fifty Patients Admitted to the Boston State Hospital for Observation and Found to be Without Psychosis." Mary Lydon.

"Family Care of Mental Patients as shown by Study of Progress made at Boston, Worcester, and Gardner State Hospitals." Carmen Meehan.

"A Study of 20 Male Alcoholics who have had 2 or more Admissions to the Boston State Hospital." Edward J. Sanders.

"Follow -up of 20 patients at Boston State Hospital Released on Visit and Study of them in Home Community." Norma Bianconi.

Although the amount of money the hospital could pay a caretaker for "Family Care" placement of patients was increased to \$10.00 per week, it has not been possible to make any significant expansion of this most desirable program. Living costs are too high and housing scarce. The number of patients in Family Care was increased from 9 to 16 with much effort and publicity. More than 100 patients could be placed if homes could be found for them.



### Dental Department

Although this department increased the efficiency of its operation, due to the fact that the dentist and dental assistant positions were filled throughout the year, it was impossible to properly attend to the dental needs of patients. About all that could be done was to treat emergency cases referred. One dentist may be able to care for 1500 patients in a mental hospital but he certainly cannot keep up with the essential needs of 3000, nor can he give any supervision to an oral hygiene program or practice preventive dentistry. The mouth hygiene of most patients is extremely poor. Request for another dentist has been made repeatedly; a solution must be found for this problem. The following statistics have been selected from the complete dental report to indicate the volume of work done.

	<u>1948</u>	<u>1947</u>	<u>1938</u>
Number of Different Patients Seen	2285	1893	
Examinations	1478		1603
Extractions	1014		1084
Fillings	666		862
Treatment for Vincent's	984		473
Dentures made	21		44
Surgical removal of teeth	59		
Impactions	33		
Fractures	8		

### Hydrotherapy

The treatment of patients in the hydrotherapy department has been limited to continuous tubs and wet sheet packs because of the shortage of skilled therapists. Although the female section has been in fairly constant operation under experienced help, the male unit



has been available only sporadically. There is no source at present for the training of hydrotherapists to fill vacancies. In spite of these handicaps, the use of this treatment increased in 1948 as compared with the previous year.

	<u>1948</u>	<u>1947</u>	<u>1941</u>
Man hours of continuous tub treatment	28,375	2,246	74,051
Man hours of wet sheet pack treatment	4,145	360	6,142

One male patient died suddenly from hyperpyrexia while in wet sheet pack.

#### Diagnostic Service

The Psychology Department, under the capable direction of an experienced clinical psychologist, gave superior service. There were in the department two qualified psychologists (one with a Doctor's Degree and another with a Master's Degree in Psychology) and 2 students in training for their doctors' degrees at Boston University. Diagnostic services were greatly increased. Some 819 tests were given. All student groups received courses in psychology and members of the department carried individuals and groups in psychotherapy under supervision of a psychiatrist.

The Laboratory gave valuable diagnostic aid to the expanded visiting staff program as well as to the accelerated treatment activities. It was not possible to meet, even nearly, the demand upon the laboratory for services. Another technician is urgently needed as is an increase in the operating budget for supplies. It is no longer possible to do routine urine examinations or blood counts on newly admitted patients as the pressure for special work on cases being studied has increased. The actual volume of work has not increased as there have been vacancies most of the year. Steps



have been taken to improve the salary in 1949. This should aid in recruitment of better qualified technicians. A few figures will be of interest:

	<u>1948</u>	<u>1947</u>	<u>1940</u>
Urinalysis	1946	2215	2228
Red Blood Counts	1031	1582	1444
Non-Protein Nitrogen	608	669	45
Histological slides	1932	1830	1428

There has been an alarming downward trend on autopsy examinations. This year 74 autopsies were performed for a percentage of 18.9%. When one considers that 40% of these were state burials, it can be seen how urgent is the need for education in the great value of post mortem studies.

X-Ray Department's activities have been described under the professional Care Division of this report.

#### Health of Patients

There were no serious epidemics during the year. The only incident of note was a mild short non-fatal outbreak of diarrhea in July of 1947. It was confined entirely to the H Building, where unsanitary plumbing and dishwashing facilities exist. Money was appropriated to correct these hazards but action (that is beyond hospital control) is yet to be taken.

Sporadic reinfestation with vermin still has occurred on a small scale during the year. Most cases are in women of the Q and B Buildings. Regular bathing and weekly use of D.D.T. will control it when diligently applied.



There were 733 reported accidents to patients or about 61 a month. A third occurred on the medical wards and mostly were falls by elderly infirm patients, another third occurred in the acutely ill patients in the receiving building where breaking window glass was the most common cause of injury. 112 reportable accidents, mostly fractures, occurred. One male patient committed suicide by hanging and one female patient jumped to her death from a window. One female patient beat another about the head so severely that she died of brain injuries several weeks later. One patient on visit shot herself in her home with a loaded gun her brother gave her to examine.

The hospital must try even harder to protect its patients from harm.



## TEACHING ACTIVITIES

Any improvement in the care and treatment of the mentally ill can only be brought about through the training of more qualified professional workers. One of our goals has been to make this hospital a place "where all professions interested in mental and emotional problems may study human behavior and contribute to the alleviation of human suffering." The hospital has received a direct benefit from its teaching program through its medical residents, student nurses, social workers, psychologists and occupational therapists. Some of our staff vacancies in nursing, psychology and social work have been filled by our own students who have completed training here. It has been possible to keep the medical staff filled because opportunity for professional growth has been provided.

Medical Staff education has included a weekly teaching case conference held on Tuesdays; a conference on treatment procedures held weekly on Thursdays, and a weekly review of the literature held on three Fridays of each month. The fourth Friday of each month is devoted to a clinical pathological conference and clinical case presentation by the Visiting Staff.

The Psychiatric Seminar held each Wednesday at 12 noon (during the Fall followed by staff luncheon, at other times during the year at 11:00 A.M.,) has been an outstanding educational feature enjoyed by all professional workers.



<u>Date</u>		<u>Seminar Programs</u>
July 2	Film	"Subdural Hematoma"
9	"	"Post Encephalitic Parkinsonism"
16	"	"Spinal Cord and Cauda Equina Injuries"
23	"	"Intragastric Drip Therapy for Peptic Ulcer"
30	"	"This is Tuberculosis."
Aug. 6	"	"Adie's Syndrome"
13	"	"Neuropsychiatry for Medical Students"
20	"	"Dynamics of Experimental Neurosis"
27	"	"Myasthenia Gravis"
Sept. 8	"	"Neurosis and Alcohol"

<u>Date</u>	<u>Seminar Leader</u>	<u>Topic</u>
Sept. 15	Walter E. Barton, M. D.	Aims and Achievements of the Group for Advancement of Psychiatry
October 1	Hudson Hoaglund, Ph. D.	Some Chemical Aspects of Mental Illness
8	Leo Alexander, M. D.	Social Psychological Structure of the S.S.
15	C. Stanley Raymond, M. D.	Mental Defects
22	Morris H. Adler, M. D.	Short Term Psychotherapy in a Clinic Setting
29	Ives Hendricks, M. D.	Dynamics of Schizophrenia
November 5	Dana Farnsworth, M. D.	Industrial Psychiatry
12	Walter E. Barton, M. D.	Needs of the Public Psychiatric Hospital
19	John Murray, M. D.	Psychopathology of Anxiety
26	Wilfred Bloomberg, M. D.	Psychotherapy in a V. A. Hospital
December 3	David Rothschild, M. D.	Treatment of Senile Disorders.



<u>Date</u>	<u>Seminar Leader</u>	<u>Topic</u>
December 10	Roy G. Hoskins, M. D.	Biology of Schizophrenia
17	Leon G. Robinson, M. D.	Treatment of Epilepsy
24	Joseph Thimann, M. D.	The Treatment of Alcoholism
31	Walter E. Barton, M. D.	Psychiatric Nursing
1948		
January 7	"Rehabilitation of the Blind"	(Motion Picture
14	Harry C. Solomon, M. D.	Progress of Lobotomy Project
21	Douglas Thom, M.D.	Juvenile Delinquency
22	Margaret Putnam, M. D.	Work of the Childrens' Center
25	"Children on Trial"	(Motion Picture)
February 4	"Who is My Neighbor"	(Motion Picture)
	"Feeling of Rejection"	" "
11	Louis Feldman, M. D.	Physical Medicine in Mental Illness
18	Samuel Gargill, M. D.	Recognition of Endocrine States
25	Samuel Stearns, M.D.	Dextrose Tolerance in Mental Disorders
March 3	Rabbi Dudley Weinberg	Social and Cultural Aspects of the Jewish Religion
10	Rev. James D. Sullivan, S. J.	Social and Cultural Aspects of the Catholic Religion
17	Mr. Floyd H. Gilberg	What the Psychiatrist Should Know About Law
24	Mr. Thomas Gamelli	Experiences of a Probation Officer
31	A. Warren Stearns, M. D.	Social Psychiatry
April 14	Sidney Licht, M. D.	Occupational Therapy in Neuropsychiatric Disorders
21	Clarence A. Bonner, M. D.	Administrative Psychiatry
28	Miss Frances Thompson, R. N.	Psychiatric Nursing



<u>Date</u>	<u>Seminar Leader</u>	<u>Topic</u>
May 5	Mr. William Savin	The Work of the Massachusetts Mental Hygiene Society
12	Joseph Michaels, M. D.	Criteria for Evaluation of Group Therapy
26	Mandel Cohen, M. D.	Aphasia, Agnosia, and Apraxia
June 2	Oscar Raeder	Therapy at the Southard Clinic
9	Jordi Folch-Pi, M. D.	Research at McLean Hospital
23	Samuel Tartakoff, M. D.	Therapy of the Psychoneurotic Patient in a General Hospi- tal
30	William Malamud, M. D.	Psychotherapy of the Psychoses



All staff physicians devoted every other Tuesday night to an intensive study of psychotherapy. Noted visiting speakers such as Ives Hendricks, Paul Federn, Margaret Meade, etc. assisted in the development of the topics under study. This workshop was of tremendous value to those privileged to participate.

Six Physicians attended the weekly day long sessions of the Review Course in Psychiatry in preparation for American Board examinations at the Metropolitan State Hospital. Dr. William Pace qualified by examination as a Diplomate in Psychiatry.

Weekly classes and psychiatric clinics were held for Boston University Medical Students.

16 Tufts Medical School students served a one month's clerkship at the hospital and all Tufts medical students attended several clinics here.

6 students from Simmons, Boston University and Boston College Schools of Social Work completed a year's field work here.

2 students from Boston University Psychology Department completed a year's field work.

Several Clinics were held for Harvard University Psychology Department and for Northeastern, Simmons, and Tufts Colleges in Boston, and the University of New Hampshire.

14 Navy nurses, in training as students at the Boston School of Occupational Therapy, served 4 months of field work here.

The training of student affiliates and senior cadet nurses is discussed under the Nursing Division.



Dr. Semrad, the Clinical Director, served as Assistant Professor of Psychiatry at Boston University and Dr. Standish and Dr. Gurri as Instructors. Dr. Kaldeck and Dr. Mann served as Instructors at Tufts Medical School.

Dr. Barton served the Veterans Administration in Washington as Consultant on Medical Rehabilitation and on Hospital Standards. He also was privileged to consult with the American Psychiatric Association Committee on Hospital Standards.

The hospital was host to the following distinguished visitors during the year:

July	Dr. Argollo Nobre	Rio DiJaneiro, Brazil
September	Dr. N. Peterson, Professor of Neurology, University of Denmark	
November	Dr. Arthur Pool, Superintendent, York Retreat, England	
February	Dr. A. E. Moll	Montreal, Canada
	Dr. Saul Albert	" "
March	Dr. John Rosen	New York City
April	Dr. Paul Federn	" " "
	Dr. Margaret Meade	" " "
May	Dr. Charles Obermann, Commissioner, Mental Health Department, Oklahoma	



### Public Education

A small beginning was made in this important area. Much more remains to be done. Until the public demands that its legislators support more fully the work in state hospitals, only limited improvement in conditions can be made.

Dr. Mann addressed teachers on several occasions in Fall River and in Boston, on the application of group techniques.

Mrs. Irvine spoke to the theological students studying human behavior at Massachusetts General Hospital.

Dr. Barton addressed the Milton Men's Club, the Parkway Women's Club, the Jewish Men's Council, the Quincy Covenant Church Brotherhood, and the West Roxbury Kiwanis Club, on the topic of "Mental Health". He also participated in a nation wide Radio Broadcast over N.B.C., sponsored by the University of Chicago on the Topic of "Our State Mental Hospitals; What Can we Do to Improve Them?"



## PROFESSIONAL CARE DIVISION

Theodore F. Lindberg, M. D., Assistant Superintendent  
and Assistant Medical Director.

Personnel, Medical Records, Pharmacy, X-ray, Laboratory, Physical and Occupational Therapy Departments, and the Medical Library are subdivisions under this heading.

In the interest of high medical standards and efficient business methods, the policy of issuing written bulletins outlining basic procedures has continued. Some of the formulated policy letters issued during the fiscal year 1948 have covered such topics as:

- Employees' Health Measures
- Visiting Staff, Ward Rounds and Clinics
- Medical Duty Schedules
- Organization of the Garage and Grounds Department
- Industrial Therapy
- Occupational Therapy
- Treatment of Patients with Pulmonary Tuberculosis

### Personnel Department

Any organization employing over 700 individuals today needs a section to deal with the complex problems of personnel management. State hospitals have no provisions made for a Personnel Manager or for other clerical help to do the work of recruiting, processing new employees, keeping of sick leave and vacation registers, rating systems and records, or morale and management problems. These tasks are delegated to amateurs as a part time job in addition to other duties. Because the volume of work to be done is so considerable, this hospital has established a Personnel



Department, using position blocks from other departments. Even without an experienced Personnel Manager, this innovation has greatly improved efficiency in dealing with personnel problems.

On July 1st, 1947, the 40 hour week was introduced. It was welcomed by our employees. It brought with it many real problems, chief among which was the need to cover the hospital's 7 day - 24 hour a day operation. The working potential of everyone was reduced by 8 hours per week. Excluding physicians, psychologists, pharmacist, technicians and office workers, calculation reveals that 129 new positions should have been added to offset the loss in man hours. The hospital received 17 new positions. It was not possible to turn out the same amount of work.

The "Staffing Plan" upon which personnel quotas for ward coverage was based, as prepared by the Division of Personnel and Standardization, contained enough serious errors to make patient care fall below the safe minimum. For example, the "Staffing Plan" provided no personnel for any of the 3 shifts for 4 closed wards. It provided only one attendant on six wards housing suicidal and disturbed patients and observation cases sent from the courts often charged with the most serious crimes. Insufficient provisions were made to provide relief coverage for days off duty, sickness and absenteeism. It should be clearly understood that this hospital has 24 fewer ward employees to care for 656 more patients than it had 10 years ago and a 40 hour instead of a 48 hour work week.

Throughout the year there has been a gradual improvement in the general personnel situation. At the close of the year there were



78 more employees on the payroll than on 30 June 1947.

Labor turnover continued high even with greater care in selection.

In order to make the gain in employees, 666 new persons were appointed.

The Ward Service began the year working 7,626 hours of overtime but after March, worked none. The kitchen, laundry, switchboard operators and Treasurer's Office, continue to work a considerable number of overtime hours.

Comparison of Total Quotas of Personnel

	<u>June 30, 1947</u>	<u>June 30, 1948</u>
Full Quota	680	716
Excess Quota	<u>28</u>	<u>9</u>
Total Quota	708	725
Vacancies	123	62
Ward Personnel		
Full Quota	401	411
Excess Quota	<u>24</u>	<u>4</u>
Total Quota	425	415

New Positions during the year:

- 2 Psychiatric Residents (Excess Quota)
- 2 Junior Clerks
- 1 Usher
- 3 Cooks
- 1 Laundryman
- 52 Charge Attendants
- 2 Porters
- 3 Laundry Workers



- 1 Steam Fireman
- 6 Dining Room Attendants
- 1 Painter
- 1 Motor Equipment Repairman
- 19 Attendants

Positions dropped during year:

- 24 Charge Attendants (excess Quota)
- 17 Head Psychiatric Nurses
- 12 Psychiatric Nurses
- 8 Head Nurses
- 2 Hospital Supervisors, Graduate Nurses

In June, 1948, the Farm Quota was abolished, retroactive to January 1, 1948. The Garage and Grounds Quota was increased from 14 to 25 by reallocation as follows:

- 1 Farmer to Florist
- 8 Farmhands to Grounds Handymen
- 1 Vegetable Gardener to 1 Groundskeeper
- 1 Teamster to 1 Truck Driver



## STAFF CHANGES AND RETIREMENTS

### July, 1947

Dr. Rudolph Neustadt, Senior Physician and Research Associate, resigned to become Chief of Professional Services, Bedford Veterans Hospital. Not replaced.

Dr. Irving M. Rosen, appointed Psychiatric Resident.

Mrs. Lillian C. Kelley, R. N., Chief Hospital Supervisor, resigned to do private duty nursing. Mr. Oscar Modesto, R. N., was appointed to fill this vacancy.

Mr. Peter J. Barlow, Head Industrial Therapist, retired.

Mr. John F. Moylen was promoted to fill the vacancy.

Mr. Alvin Friedlander, Tailor, retired.

### August, 1947

John Arsenian, Ph.D., was appointed as Head of the Psychology Department.

Dr. David Myerson, Assistant Physician, resigned to accept a position on the staff of the Boston Psychopathic Hospital.

### September, 1947

Dr. Harold Mann, Assistant Physician, resigned to take a training fellowship at the Judge Baker Guidance Foundation.

Dr. Malcolm W. Finlayson appointed Assistant Physician.

Dr. Dora Menzer appointed Psychiatric Resident.

Miss Mary Rooney, Head of the Sewing Room, retired.



Mrs. Genevieve Stella promoted to fill the vacancy created by retirement of Miss Rooney.

October, 1947

Dr. Rose Winston appointed Senior Physician and Research Associate.

November, 1947

Miss Ivy Willard, Charge Attendant, retired.

Mr. Harry Hurwitz, Greenhouse employee, retired.

January, 1948

Dr. Abraham Myerson, Director of Research for many years, retired because of ill health. Dr. Myerson has made outstanding research contributions in mental disorders. His fame was world wide.

Dr. Robert S. Johnson appointed Psychiatric Resident.

Dr. William Pace, Senior Physician, resigned, to enter the private practice of psychiatry in Salt Lake City, Utah. Dr. William F. McLaughlin was promoted to fill the vacancy. A shift of service was made, placing Dr. Kaldeck in charge of Dr. Pace's work and Dr. McLaughlin was given the supervision of the Medical and Surgical Service.

Miss Alice Tierney, Hospital Supervisor, Graduate Nurse, retired.

Mrs. Elizabeth Greeley, Head Nurse, retired.

Miss Elizabeth McVicar, Charge Attendant, retired.



Mr. Leon Hill, Head of the Garage and Grounds Department, retired. Mr. Eric L. McNab was promoted to fill the vacancy.

Mr. William O'Brien, Chauffeur, retired.

Mr. John Mulzet, Industrial Therapist, Cobbler, retired.

Dr. Norman C. Rintz appointed Psychiatric Resident.

#### February, 1948

Mr. Olof Johnson, A.M., Clinical Psychologist, appointed as Psychometrist to fill the vacancy of Miss Eleanor Cahen, who resigned to go to a Connecticut State Hospital.

#### March, 1948

Dr. Milton H. Rodofsky, Senior Physician, resigned to enter the private practice of psychiatry in Boston.

Dr. Christopher T. Standish was promoted to fill this vacancy.

Dr. Oscar M. Powell, Jr., appointed Psychiatric Resident.

#### April, 1948

Dr. Hugo del Bosque appointed Psychiatric Resident.

#### May, 1948

Miss Margaret Holland, Attendant, retired.

Miss M. Albine Vincent, Charge Attendant, retired.

Both found continued employment at the Walter E. Fernald State School where retirement is not effective until the age of 70.



## MEDICAL RECORD DEPARTMENT

It is the function of the Medical Record Department to keep current and complete medical case records on each individual patient, to prepare statistics and reports, to answer correspondence, to maintain a notification system of progress notes due, to supply information concerning points of inquiry on case records, to prepare abstracts and related work. The work of other hospital departments, particularly the medical staff and social service, is dependent upon it.

Intensive efforts to bring the work accumulated in the record room to a current daily basis has failed largely for 3 reasons: (1) the salary offered will not attract medical stenographers; (2) the quota of stenographers allotted is below the requirements for the greatly increased admission rate and the 3,000 resident patients; (3) lack of mechanical dictating equipment and replacement of typewriters that have not been exchanged since before the war.

In October, 1947, an East Medical Record office was established. This moved out 1,000 case folders and the operations incident thereto. Ward physicians found the new arrangement placed essential information conveniently at hand and saved time in dictation. During 1948, decentralization will be furthered and a Medical Service Record Room will be established. It is hoped that a means will be found to purchase the much needed equipment so that reorganization may continue with the objective of good medical records that are currently kept.



### PHARMACY

Operations of this department have been at their customary <sup>efficient</sup> level. This hospital is fortunate to have an exceptionally well qualified pharmacist. Drug and medical supply control has been maintained. Most requisitions have been filled promptly and wards received what it was essential for them to have. Ward drug cabinets were carefully inspected at frequent intervals. The Visiting Staff Pharmacy Committee has completed a survey of drug useage and is preparing a hospital formulary. Instruments and operating room supplies are being standardized in the interest of economy.

### X-RAY

1,559 patients and 286 employees had 3,091 X-ray plates during the year. (1947 - 1,445 patients and 2,626 x-ray plates) Nearly half of all the examinations made were of the chest, with extremeties and skulls accounting for most of the remainder.

In the Spring, Dr. Robert H. Hermanson replaced Dr. Humphrey McCarthy as Radiologist. It was possible to increase the amount of time spent in interpreting plates and in supervising the work. Miss May McDonald, technician, was replaced by Miss Virginia Wannberg, a student who had been in training for a year at this hospital.

Present X-ray equipment is obsolete and wastes many films. During 1948, modern equipment will be installed.



### PHYSICAL THERAPY

This department was reopened for service to patients in October when a technician was employed to replace one lost to the higher salary of the Veterans' Administration Hospitals. Dr. Louis Feldman was named consultant in Physical Medicine and has made weekly visits and has supervised all treatments. 96 patients have received 1,594 treatments for 38 different conditions; 21 employees also were cared for. (1947 - 108 patients received 1,529 treatments.) Application of heat, massage and exercise are the principal treatments used.

It is believed that fracture patients, cases of arthritis, and skin disorders, and those with hemiplegia and other disabling neurological conditions, can be improved by physical therapy. The department is therefore being expanded and relocated in the Medical building. A new suite is nearing completion and much new equipment is available, including heat lamps, bakers, whirl pool bath, exercise equipment, treatment tables, etc.

### OCCUPATIONAL THERAPY

Patients profit from and enjoy the handicraft and art activities offered in the Occupational Therapy clinics and shops. The parties, games, and entertainments that are a part of the program help to keep the mind from preoccupation with morbid musings.

Two O. T. clinics operated in the Reception Building, one offering art and ceramics and the other general handicrafts. (Average attendance was 67 man hours per day for 28 patients.) A women's clinic in the East Group offered finger painting and



minor crafts, chiefly to a group of post-lobotomy and post-shock cases. (Average of 23 patients daily.) A men's clinic in D Building offered Printing, Bookbinding, Painting, Furniture Refinishing, as well as selected arts and crafts. (Average of 40 patients daily.) In addition, an O. T. shop East, provided Sewing for women, (average 35 patients daily.) and another minor crafts, (average 15 patients daily.) An Office Practice Shop, (average 4 patients,) provided typing and other office experience.

Other achievements during the year included:

Establishment of a Patients' Library.

A Needle Club for older women in B Building.

Womens' Horticulture Group in the Greenhouse.

Habit Training Class (a thrilling example of the possibilities of work by the attendant nurse with the deteriorated and untidy patients.)

Industrial Therapy established in the Womens' Group.

The Recreation Program was expanded and brought enjoyment to many patients. Feature motion pictures were shown in the Chapel weekly for 2 performances and 7 showings of 16 mm. feature motion pictures were made each week on wards for the sick, infirm, and disturbed, and those groups unable to leave the buildings. Ward parties were held weekly or oftener, according to a regular schedule. There were also holiday dances held once a month to which were invited the residents of different ward buildings each time. Special events included an art exhibit, a style show, a concert by Dr. Newman Cohen, Saturday afternoon musicals, (by courtesy of the American Red Cross), and band concerts, field days, pageants or other suitable recognition of major holidays.



The Music Program, under the capable supervision of Mr. A. Flagler Fultz, Music Director, developed community singing groups, a patients' orchestra, a music appreciation period, and offered individual instruction in music to a few.

Two groups of Navy nurses who were advanced students in training at the Boston School of Occupational Therapy received an intensive field experience at this hospital. They were a stimulating class who gave as much or more in service to patients as they received in training.

#### Problems

The low salary rate (equal to that only of untrained attendants) attracted only a few graduate therapists who were willing to make financial sacrifice to receive good psychiatric experience. Vacancies and frequent staff changes impaired departments' efficiency of operation.

Basic equipment for clinics and shops is still lacking as is an established operating budget from appropriated funds.

It is necessary to develop ward activities schedules and an attitude of awareness in patients of their share of the responsibility for their own recovery, as well as insure better supervision by industrial therapists of their assigned patients. Assurance of increased salary levels to recruit therapists has been given and additional funds for supplies set up for 1948. Further development of the program is thereby assured.



### Medical Library

Great strides were made toward restoring the reference value of the hospital Medical Library during the year. Miss Miriam Putlack, hospital Medical Librarian, prepared bibliographies and abstracts upon request, and among other services operated the Patients' Library in the Reception Building. .

Through the Medical Library Association Exchange, missing index volumes were obtained and 173 missing journals were replaced. 1,363 books were loaned to 28 doctors and 175 nurses and 130 other persons using the library. (only 2 books and no journals were lost.) The interlibrary loan service has been most helpful.

80 current journals and 303 volumes of non-current volumes were bound during the year. There are 40 current and 102 non-current volumes ready for binding. 279 volumes of periodicals are still incomplete. Current volumes will be bound. The hospital Occupational Therapy Department will assist in the binding of the non-current journals. Limited funds permitted only 37 new accessions.



## NURSING DIVISION

Miss Mary A. Sylvia, A. B., R. N., Director of Nursing

### AFFILIATING SCHOOL

A three month course in neuro-psychiatric nursing was given to 163 students during the year as shown on the following chart:

<u>School</u>	<u>Dates</u>				<u>Total</u>
	July to Sept. 1947	Oct. to Dec. 1947	Jan. to March 1948	Apr. to June 1948	
Boston City Hospital	6	7	7	5	25
Mercy Hospital	6	3	3	6	18
Somerville Hospital	6	5	4	4	19
St. Margaret's Hospital	4	8	9	8	29
St. Elizabeth's Hospital	15	14	16	18	63
St. Mary's Gen. Hospital	3	4	2	-	9
Total	40	41	41	41	163

All students completed the course satisfactorily and some with distinction. The course was improved by the development of more comprehensive clinical instruction with supervisors and head nurses assisting.

A study of counseling was made which demonstrated the effectiveness of our student government and that of faculty-student relationships. The contribution which this course makes to student mental hygiene is considerable. We were asked by the Boston City Hospital School of Nursing to assist in formulating the content of a course in Mental Hygiene for their pre-clinical students and one of our medical staff will teach this course in the fall.



We continue to attract some of our affiliates to the staff and have five graduate nurses who affiliated with us who have been in service for one year.

The support and understanding of our educational aims by the medical staff has made a richer course possible. The Assistant Principal, Mrs. Hargreaves, has for two years assisted outstandingly in the conduct of the school. She continues to study at the university for her degree during night sessions and has participated in many professional conferences during the year.

The school was inspected and accredited by the American Psychiatric Association during the year. The Massachusetts Approving Authority surveyed the school and found it's facilities and faculty somewhat inadequate to the standards of the inspector. The Advisory Committee of the school was organized and had its first meeting in June 1948. Mrs. Jessie Harvey, R. N., President of the Boston State Hospital Alumnae was elected chairman. Other members are:

Dr. Francis Rackemann  
Chairman of the Board of Trustees

Dr. Walter E. Barton  
Superintendent

Dr. Elvin V. Semrad  
Clinical Director

Miss Mary A. Sylvia, R. N.  
Director of Nursing Service and Principal of School of Nursing

Mrs. Anne G. Hargreaves, R. N.  
Assistant Principal of School of Nursing

Miss Mary Maher, R. N.  
Dean, Boston College School of Nursing

Miss Margaret C. Tibbetts, R. N.  
Superintendent of Nurses, McLean Hospital

Miss Margaret B. Welch, R. N.  
Director of Nursing, Boston City Hospital



Sister Mary Miriam, O. S. F.

Assistant Director of Nursing, St. Elizabeth's Hospital

Mrs. Walter E. Barton, R. N.

Mr. Charles A. Perry

Steward, Boston State Hospital

A collection of 50 of the most recent psychiatric texts was purchased and set up on an open shelf in the new Browsing Room in the Nurses Home. The home was painted during the year; a game room was opened in the basement; a Bendix installed in the laundry; a general electric victrola-radio was donated by a Staff Nurse Committee and two fine reproductions were purchased and framed for the lobby. These were purchased from the Student's Book Fund.

The Boston State Alumnae Association donated \$100 to the School for an award fund for students. Five awards were made at commencements of our affiliating schools this spring. An inscribed medal was given to the student in each school who did outstanding work while affiliating.

In June Boston University School of Nursing accepted this hospital and our school as a practice field for advanced students in psychiatric nursing.

The school was visited during the year by many nurse educators interested in our efforts.

The major needs of the school in facilities are chairs and lamps in students' rooms, chairs and table for conference type classrooms in Nurses Home. Nurse Faculty deficiencies can be well met by the practise teaching group of Boston University.



## STAFF

During the year general staffing reached a total of 400. Turnover has remained fairly high but is easily replaceable as our waiting list of applicants is good. Much of the turnover is in the student group of male attendants. Professional staffing has been fairly stable. All supervisory positions have been filled. In the Central Office the following four nurses have assisted with increasing effectiveness in administration:

Mrs. Mabel F. McKenzie, R.N.  
Assistant Principal in Charge of Administration

Mr. Oscar Modesto, R. N.  
Chief Hospital Supervisor

Miss Beatrice Simpson, R.N.  
Chief Hospital Supervisor

Mr. John DelGrosso, R. N.  
Hospital Supervisor

Forty-six position blocks are filled in Director, Assts'. Directors, supervisors and head nurse classifications and of these 37 are registered nurses.

Regular Staff Supervisors' and Head Nurse Meetings have been held weekly with a planned educational program. The staff has regularly attended local conferences and seminars and has been represented at conferences outside such as the New England Hospital Association Conference, the Conference for Mental Deficiency, the Annual American Psychiatric Association Convention, State Superintendents of Nurses Monthly Conferences, meetings of the Massachusetts Mental Hygiene Society and meetings of the Psychiatric Research Society of New England.

Four staff members took courses at Boston University during the



winter. The North Cottage, home of graduate staff members, afforded satisfying home life to such staff as live in. Tribute to this staff group is made by the director for a fine loyalty, personally, and to the goals of the hospital, often under stressful and frustrating conditions. If the art of nursing implies a manipulating of facility, often inadequate, to produce the maximum of physical and mental comfort to patients then it is an art well practised by this staff. Its needs are many. It is grossly underpaid; its work load is often untenable for good nursing, and it has needed a deeper understanding from its medical colleagues in order to give it its place "in the sun" on the psychiatric team which is the goal particularly of its younger members. There have been outstanding examples of the meeting of critical nursing situations where nurses of lesser fibre would have faltered. Special comment may be made of the efficient functioning of our operating room under stress, and of the bed-care of over 200 infirm patients that would test the best public health nurse for these patients are cared for in wards unfit for care, in plumbing, supply, furnishings, and feeding equipment. The comfort and well being of 400 senile patients in B is a tribute to one nurse who "likes old people" and her good administration produces much comfort. One could list each contribution and the list would have real meaning in those locations where conditions would discourage ordinary nurses.

The attendant group has stabilized in many units outstandingly in Reception, Alphabet, and B Buildings. We have continued to exploit the native capacity of selected workers and have made some training efforts in the Alphabet, East, Reception, and H Building. Even though the quota has been nearly filled the 40 hour work week has produced less nursing care hours than was possible last year with fewer employees and overtime afforded. Under the present system the hospital which makes the effort to fill its quota is penalized by less



nursing hours. An overtime factor for hospitals with full quota would carry us through the many emergencies occasioned by vacations, holidays, sickness, and absenteeism.

Gradually the care factors and semi-professional ethics which should exist in good attendant service have been developing. All attendants are in uniform, adhere to most basic regulations and are cooperating well in many of the treatment programs. One could speak well of the helpful, supportive, protective attitudes of our employees towards patients. Accidents have been fewer, abuse amongst patients less. A marked change in the attitudes of employees who leave us - as our personnel records reveal - testifies to rather successful personnel policies.

The needs of this group likewise are many; they are underpaid; our method of paying is unsatisfactory for many would like the weekly check tabulation which only a check stub would provide; there is inadequate facility for recreational and social activities, and most critically they need better training. The latter will best succeed when a personnel training team of properly prepared psychiatric nurses is made available. The administrative and care load of the incumbent supervisory group has been too great to contribute much in this direction. In a large active hospital the services of unit supervisors cannot successfully be deleted for training purposes.

#### NURSING CARE

Continued improvement in nursing care has been made this year but the director of the service would emphasize how inadequate it still is. No hospital can recover in two years from as poor a standard of care as accumulated during the war. If supply and maintenance



had been more adequate, if standardization, distribution and control of supply had been preserved then greater improvement would have been possible.

There are those who contend that no nursing care can really exist where supply, cleanliness, routine and good facility are deficient. No one would deny the essential environmental and physical needs of any patient but the psychological nursing needs of our patients are as important. In meeting the latter needs we are measuring up to good standards and in the receiving unit are supplying care for newly admitted patients that is most effective.

In summary, the nursing service has grown rapidly to nearly its full quota and has provided a maximum of good service under the conditions afforded. As all new service units it is cumbersome, often inefficient, lacking in wisdom but direct in its intent of service to the patient. The Division is grateful to the Superintendent of the Hospital and all other Department Heads for their understanding and cooperation.



## RELIGIOUS ACTIVITIES

The Catholic Spiritual Advisor to patients and employees was the Rev. William P. Sullivan, until his resignation in April, 1948, when Father Albert G. Fairbanks of St. Andrews' Rectory was assigned. Father Sullivan left behind a deep affection in the hearts of those who knew him as he went to his new post at St. John's Academy. Masses were held each Sunday at 5:30 A.M., for employees and at 8:30 A. M. for patients as well as on Holy Days and during the Easter Week and at Christmas. Special Masses were held at intervals for those who could not go to the Chapel in B, I, A, and H Buildings. All who could participated in weekly confessions and Holy Communion. Last rites of the Church were administered to the critically ill.

Protestant Worship service was held each Sunday and on Christmas and Good Friday, under the leadership of Rev. Robert Pierce. After Easter, those of the Protestant faith came to worship in the Reception Auditorium. This permitted the assembly to meet at an earlier hour and gave time for an unhurried service. The Chaplain also brought comfort to all protestant patients who sought his help. After many years of devoted service to the patients, Rev. Pierce concluded his ministry here on 1 July as a new plan will bring a full time Protestant Chaplain, shared with the Boston Psychopathic Hospital.

The Jewish Services were held each Saturday afternoon with Rabbi Moses L. Sedar presiding. Special Holy d ays were observed. The Feast of the Passover was a most impressive celebration and was attended by all Jewish patients who could come.



## RESEARCH DIVISION

Elvin V. Semrad, M. D., Director of Research

Dr. Abraham Myerson, Director of Research at the Boston State Hospital for over 21 years, resigned in January of 1948, because of ill health. The Research activities of the hospital were known far and wide as a result of the great prestige of Dr. Myerson. It is to be hoped that the collected research papers of this productive period covering almost the entire scope of mental disorders and biochemical studies in related fields may be bound and preserved in our library as a memorial to a great teacher, leader in psychiatry, and medical scientist.

It was decided not to appoint a successor, until the possibility of an affiliation with the research department of one of the Boston Medical Schools could be fully explored. Dr. Semrad, the Clinical Director, was accordingly named Director of Research, in addition to other duties, and a Research Committee was appointed to aid him, consisting of Dr. Samuel Gargill, Dr. Theodore F. Lindberg, and Dr. Walter E. Barton.

### Multiple Sclerosis

On March 15, 1948, the National Multiple Sclerosis Society awarded \$14,600 to the Trustees of the Boston State Hospital to conduct research on one of the major nervous diseases - multiple sclerosis. Dr. Julius Loman, head of the department of neurology at Beth Israel Hospital and Dr. Leo Alexander, assistant director of research at this hospital, were the investigators placed in charge of a staff of research assistants. The following headings illustrate the scope of the work:



1. A study of multiple sclerosis patients with special reference to spontaneous remissions and other changes in symptomatology in the clinical course of the disease.  
Under observation are those with extensive cerebral involvement such as may be found among state hospital patients as well as the less severe involvements in out-patient cases coming to the clinics established at the Beth Israel and Boston State Hospitals.
2. A series of studies investigating the possible relationship of multiple sclerosis to a disease of lambs, known as "swayback disease," suggested by work done in England and Australia.
  - a. A study of the geographic distribution of the disease in Massachusetts and New England.  
Since the clinic opened, 176 patients contacted the clinic.
  - b. A study of blood minerals, especially copper. Early studies in this area are negative.
  - c. A study of minerals in foods, especially rice and mushrooms. Multiple sclerosis is said to be absent in oriental countries.
  - d. A study of hormones, especially ketosteroids and estrogens.
3. A clinical and therapeutic study of vascular mechanism in multiple sclerosis. Investigation of skin temperature, plethysmography, Landis-Gibbon test and others are being performed as well as a study of the effects of vasodilator drugs and serum treatment and blood transfusions. 5 of 8 patients treated at the two hospitals showed marked improvement following the blood transfusions experiments. These are



research studies and not to be interpreted as a guide for treatment.

### Biochemistry

Under appropriated research grants, the following studies are currently underway:

1. Brain metabolism in electric shock - a study of blood changes before and after electric stimulation treatment.
2. Treatment of epilepsy in relation to new types of medication, such as crofenol, phenobarbital with benzidrine and others.
3. Electroencephalographic studies in Schizophrenic patients and normal controls during sodium amytal and pentothal narcosis.
4. Electroencephalographic studies in Schizophrenic patients with intravenous injections of benzidrine.
5. The Relationship of Cerebral Electro-activity and Behavior, particularly aggressive behavior.
6. Malonitrile in the treatment of Schizophrenia.

Above projects are being conducted by Dr. Alexander and Dr. Winston with the technical assistance of Miss Howard and Miss Berman.

### Fertility

A research Project studying:

1. The influence of ultraviolet radiation on spermatogenesis.
2. Spermatogenesis in the mentally ill from a genetic as well as clinical point of view.

The above projects under the supervision of Dr. Boris E. Greenberg and Miss Showstack.

### Blood Study

1. A research study into the Hematopoietic effects of Cobaltous



Chloride, by Dr. W. B. Gastle and staff in cooperation with  
Boston City Hospital.

### Psychotherapy of the Psychoses

Some 400 patients are being studied in group psychotherapy. This is the second year of research observation. A preliminary report, referred to under "Publications", below, analyzed the results in 165 patients treated over a 10 months' period; 86 were cases of Schizophrenia, 46 affective psychoses, and 33 in other groups. Of those ill less than a year, 25 were on visit and 12 improved. It appears that the patients obtain "social rehabilitation rather than a definite change in personality trends. They seem to re-learn the art of social intercourse." "Ward management appears easier, -- there is an improvement in feeling tone of hospital personnel." "Something is being done for the patient," -- Staff physicians participating in the study as a direct result develop greater skills in therapy.

The project is a cooperative one with all staff physicians participating.

### Electric-stimulation Therapy ("Shock" Treatments)

Further clinical research is currently being carried out under the following headings:

1. A follow-up of the results of electric stimulation treatment.
2. The determination of the value of maintenance doses of "shock" therapy when given over prolonged periods.
3. The application of electric shock therapy to special risk cases.

Dr. Kaldeck and staff physicians are investigating results.



Projects pending.

The projects named below will be developed during the coming year, if reallocation is made of certain positions within existing appropriated funds as requested.

1. Clinical Evaluation of Rorschach Responses in 300 cases of Combat Neuroses and of 100 normal controls.  
Dr. Semrad.
2. Preparation of a monograph on "The Social and Psychiatric Aspects of Fear." Dr. Alexander.
3. Development of a Modification of the Thematic Apperception Test, with primary interest in the study of choice of visceral responses. Dr. Arsenian.
4. Psychological studies upon patients before and after lobotomy. Dr. Arsenian.
5. Psychosomatic Aspects of the Psychoses. Drs. Arsenian, Semrad, Gargill, and others.

It is to be hoped that support for research in the field of mental disease will continue and increase. There are so many questions in psychiatry to which answers must be found and so many new approaches to be studied, that in no field of medicine could more value be obtained from money expended. It is hoped that a full time research director and a secretary, and clinical psychologist will be added to the present research staff in another year.



## Publications

The following Scientific Papers were published on research work at the hospital during the fiscal year 1948:

Alexander, Leo, M. D. "Agressive Behavior - Its Psychiatric and Physiologic Aspects, Especially in Combat Veterans," Bulletin New England Medical Center 1X:112-122, June 1947.

Alexander, Leo, M. D. "Loss of Axis-Cylinders in Sclerotic Plaques and Similar Lesions". Archives of Neurology and Psychiatry 57:661-672 (June) 1947. (With T. J. Putnam)

Alexander, Leo, M. D. "The Socio-Psychological Structure of the SS." Folio Psychiatrica, Neurologica et Neurochirurgica Neerlandica.\*

Alexander, Leo, M. D. "Agressive Behavior" - Its Psychiatric and Physiologic Aspects, Especially in Combat Veterans." (revised) New England Journal of Medicine 239: 10-14 (July 1) 1948.

Barton, Walter E., M. D. "Rehabilitation - A Symposium." Occupational Therapy and Rehabilitation 27:76-94, April 1948.

Barton, Walter E., M. D. "Public Psychiatric Hospitals," Group for Advancement of Psychiatry Report #5, April 1948.

Fidler, J., Jr., M. D., and C. Standish, M. D., "Observations Noted During Course of Group Treatment of Psychoses."

\*Word has recently been received of the publication of the article, but the exact reference and date are not yet known.



Diseases of the Nervous System. Vol. 1X:1-4, January 1948.

Gifford, S., M. D., and J. MacKenzie, M. D., "A Review of Literature on Group Treatment of Psychoses." Diseases of the Nervous System. Vol. 1X:No.2 3-8, January, 1948.

Gurri, Jose, M. D., and Mignon Chasen, M. D., "Preliminary Survey of the Results of Group Treatment of Psychoses." Diseases of the Nervous System 1X: 1-4 February, 1948.

Kaldeck, Rudolph, M. D., "Transient Hemiplegia Following Electroconvulsive Treatment." Archives of Neurology and Psychiatry, 59:229-232 February, 1948.

Mann, James, M. D., and Harold Mann, M. D., "The Organization and Technique of Group Treatment of Psychoses." Diseases of the Nervous System 1X:1-8, February 1948.

Mann, James, M. D., and Elvin V. Semrad, M. D., "The Use of Group Therapy in Psychosis," Journal of Social Case Work. Vol. 29 May, 1948.

Myerson, Abraham, M. D. "The Treatment of Hysterical Amnesia by Purely Pharmacologic Means." New England Journal of Medicine 236:821-823 May 29, 1947.

Myerson, Abraham, M. D., and Paul G. Myerson, M. D. "Prefrontal Lobotomy in the Chronic Depressive States of Old Age." New England Journal of Medicine 237:511- October 2, 1947.

Myerson, Abraham, M. D., "The Sleeping and Waking Mechanisms - A Theory of the Depressions and their Treatment." Journal of Nervous and Mental Diseases, Vol. 105; 598-606 June 1947.



Semrad, Elvin V., M. D., "Vocational Guidance of Psychoneurosis,"  
Encyclopedia of Vocational Guidance - Edited by Oscar  
J. Kaplan, Vol. II, pp.1118-1123, Philosophical Library,  
New York, 1948.

Semrad, Elvin V., M. D. "Vocational Guidance of Psychoneurosis,"  
Diseases of Nervous System 1X:35 - 42. February 1948.

Semrad, Elvin V., M. D. "Psychotherapy of the Psychoses in a  
State Hospital". Diseases of the Nervous System,  
Vol. 1X: 1-8 April, 1948.

Papers Submitted for Publication:

Alexander, Leo, M. D. "The Socio-Psychological Structure of the SS,  
Psychiatric Report from the Nurnberg War Crimes Trials."  
Archives of Neurology and Psychiatry.

Alexander, Leo, M. D. "War Crimes: Their Social-Psychological Aspects."  
To Appear in September 1948 issue of the American Journal  
of Psychiatry.

Alexander, Leo, M. D. "War Crimes and Their Motivation, The Social-  
Psychological Structure of the SS and the Criminalization  
of a Society." Journal of Criminal Law and Criminology.

Barton, Walter E., M. D. "Prescribing Occupational Therapy in  
Psychiatric Disorders," A Chapter in a forthcoming  
book entitled, "Prescribing Occupational Therapy,"  
to be published under the editorship of Dr. William R.  
Dunton, Jr.



Mann, James, M. D., "Human Relations in Public Health Nursing"  
Public Health Nursing.

Semrad, Elvin V., M. D. "The State Hospital Clinician Views  
Occupational Therapy." To be published in the  
American Journal of Occupational Therapy.

Wassersug, Joseph D., M. D., and McLaughlin, William F., M. D.,  
Tuberculosis in Mental Hospitals" to be published in  
the Journal of the American Medical Association.

Papers Presented before Scientific and Professional Groups.

Alexander, Leo, M. D. "The Socio-Psychological Structure of the SS --  
Psychiatric Report from the Nuremberg War Crimes Trials"  
before the Boston Society of Psychiatry and Neurology,  
October 16, 1947.

"Biochemical Studies in Electric Shock Therapy" before  
the Boston Society of Psychiatry and Neurology, December  
18, 1947 (with others).

"War Crimes: Their Medicolegal and Social-Psychological  
Aspects" before the First American Medicolegal Congress,  
St. Louis, Mo., January 20, 1948.

"War Crimes -- Their Social-Psychological Aspects"  
before the Massachusetts Psychiatric Society, January  
29, 1948.

"Deliria and Addiction" and "Choreic-Athetotic Disease"  
at the University of Minnesota's Center for Continuation  
Study, Minneapolis, Minn., February 20 and 21, 1948.



Alexander, Leo, M. D., "Lobotomy" at staff conference at Butler Hospital, Providence, R. I., March 2, 1948.

"Neurological and Neuropsychiatric Problems in General Practice " before the East Boston Winthrop Medical Society, May 21, 1948.

"Why I Believe Epileptics Can Be Vocationally Rehabilitated" before the National Rehabilitation Council, Springfield, Mass., June 6, 1948.

Barton, Walter E., M. D., "Occupational Therapy," A Symposium, Rehabilitation Conference of the Veterans Administration, Boston, Mass., September 1947.

"Occupational Therapy," To the staff of the Butler Hospital, Providence, Rhode Island, October, 1947.

"Aims of the American Psychiatric Association," Bedford Veterans' Hospital, Bedford, Mass., February, 1948.

"Needs of Public Psychiatric Hospitals," Connecticut State Medical Society, Annual Convention, Fairfield, Conn. April 1948.

Chasen, Mignon, M. D., and Malcolm Finlayson, M. D., and John Mackenzie, M. D., "Further Follow-up on Results of Group Therapy with Psychosis."

Kaldeck, Rudolph, M. D., and Jose Gurri, M. D., "Results of Electro-Convulsive Therapy."



McLaughlin, William F., M. D., and Rudolph Kaldeck, M. D.,  
Jose Gurri, M. D., and Joseph D. Wassersug, M. D.,  
"Physical Risks in Electro-Convulsive Therapy."

Standish, Christopher, M. D., and James Mann, M. D., and Irving  
Rosen, M. D., "Further Observations on the Organization  
and Technique of Group Therapy with Psychoses."

(The above 4 papers were presented before the Mass. Society for  
Research in Psychiatry, Boston, Mass., April 1948. They will  
also be submitted for publication in expanded form.)

Mann, James, M. D., "Group Therapy," Mass. Social Workers,  
Annual Meeting, Boston, Mass., October, 1947.

Neustadt, Rudolph, M. D., Abraham Myerson, M. D., Rudolph Kaldeck,  
M. D., Leo Alexander, M. D., with Gladys Howard, B.S.  
"Bio-Chemical Studies in Electric Shock Therapy  
Boston Society of Psychiatry and Neurology - Boston  
December 18, 1947.

Semrad, Elvin V., M. D., "Short Term Psychotherapy," Mass. Society  
for Research in Psychiatry, Framingham, Mass.,  
October 1947.

"Group Psychotherapy of the Psychoses," New York  
Psychoanalytical Society, New York City, December, 1947.



BUSINESS ADMINISTRATION DIVISION

Charles A. Perry, Steward

The fiscal year of 1948, from a financial viewpoint, was most trying. Original appropriations were below our minimum needs. Increasing patient population and a rising market, culminated in a financial crisis that was broken in May by a deficiency appropriation. The appropriations to cover deficits were as follows:

\$173,110.00 for personal services. Originally not enough money had been granted to pay for authorized positions.

\$1,500.00 for office expenses. Amount originally appropriated was less than that spent in the average year during a 5 year period before the war. Yet telephone charges and all items purchased under this account were higher in cost.

\$139,200 for food. The hospital feeds a prescribed standard ration. The prices of commodities used in the ration cost more than the original amount appropriated provided.

\$35,000.00 for fuel. Higher coal costs, (more than \$1 per ton than last year) an unusually cold winter, and a coal strike that forced burning of oil were factors responsible for the deficit.

\$4,000.00 Repairs Ordinary. The great need for repairs to remove war time plant deterioration led to the request for enough materials to keep the present staff of maintenance men maximally employed.

It is of interest to note that in most of the above instances the final expenditures were in keeping with our original projected estimates.



Total appropriations for the fiscal year 1948 was \$1,976,791.

Total expenditures on purchase basis were \$1,955,020.16.

\$19,778.45 in liabilities for orders placed was carried over, leaving an unexpended balance of \$1,992.39. The weekly per capita cost was \$12.795 as compared with \$10.81 in 1947 and \$9.11 in 1938. Income from all sources amounted to \$112,049.62 this would reduce the gross per capita by .725 and make the net weekly per capita cost \$12.07.

Much improvement was shown in the efficiency of operation of all business departments during the year and most of the projected goals set at the start of the year were attained at the end. More vacancies were filled and the quality of help employed was improved with lowered turnover. The shorter work week of 40 hours, a boon to employees, reduced the productive capacity. The absentee rate was high and an average of 1,803 man hours were lost each week from all causes, such as absenteeism, sickness and vacancies.

A Special Appropriation granted for furnishings and equipment in the amount of \$66,700 was a great help toward restoration of prewar standards. Many essential items could not be obtained during the war and so were not replaced. Sheets, blankets and bedding, towels, silver, plastic dishes, operating room equipment, ward refrigerators, scales, floor cleaning machines, food containers, fire extinguishers, a dishwasher for the West Cafeteria, ward furniture and furniture for the West Employees' Buildings were purchased from this fund.

In the latter half of the year, clothing coverage improved somewhat due to open market purchases rather than dependence solely upon the



## Department of Correction.

Many Beds and other needed items were obtained by transfer at no cost from War Surplus yards at Fort Devens.

### Nutrition Department

The quality and variety of food improved greatly during the year and every effort was made to feed the prescribed ration. Only in June was there any departure from the ration standard and return to money basis of feeding when unforeseen price rises upset earlier estimates.

Food service also improved and will continue to do so as the authorized projects remodeling the West Cafeteria and I Building Cafeteria are completed. Food reached its destination hot in new insulated containers and new food trucks. The G, A, and Reception, East and West Employees' Cafeterias were greatly improved. The East Patients' Cafeteria suffers from over-crowding to the point that patients don't have enough time to eat. An attempt will be made to remodel the building approaches to establish separate entrance and exit traffic flow in the hope that this will improve efficiency. Dishwashing facilities here are not good and in the H Building are unsanitary and dangerous. Funds are available (Capital Outlay Project for Plumbing \$71,000, 1948, re-appropriated in 1949,) but to date are unspent (beyond hospital control) to correct the conditions in H Building.

It is suggested that further study be given the ration with a view to increasing the components: vegetables, fresh fruit, milk and eggs.



There is need for an upward revision of the dietitian's salary in order to meet competitive wages offered.

#### Laundry Department

With several machines held together by the head laundryman and a prayer, and a crew of workers, kept nearly at quota, the production volume continued to increase. 1,257,011 pieces of patients' clothing (1,125,364 in 1947,) and 313,705 pieces of employees' clothing were laundered (213,567 in 1947.) Money has been appropriated for new laundry machinery in 1949, which should make it possible to keep up necessary production and to do a finished job on men's shirts and trousers and women's dresses that have been only rough dried previously.

Still unachieved is the laundering of personal clothing and individually marked clothing for better patients. Another goal set for achievement is a more exact linen and towel exchange operated at the unit linen room level rather than in the laundry. Higher inventory levels should make this possible. Greater care in sorting, so that laundered items reach their proper destination, is also a goal now that the hospital has new marking equipment.

#### Industrial Department

Patients and employees, working in this department, make everything from laundry baskets to awnings and from rubber covered sandbags to auto seats. 865 mattresses were made (574 in 1947) as were 401 window shades and pillows. Chairs were upholstered and 4,385 pairs of shoes repaired. (5,748 in 1947.) 582 bed springs were repaired.



A new blower to remove dust was installed in the hair picking section of the mattress making shop. Washing and drying facilities, for horse hair that is reused in making a mattress, are still to be installed. An "indestructable" type of bed spring is being installed in wards where destructive patients have caused constant damage to bed springs. Increased production has made it possible to promptly replace damaged or soiled mattresses.

#### Sewing Room

During the war years, a group of 10 older women worked in this department filling Attendant Nurse blocks that were vacant. When the Attendant's salary was raised, it soon became possible to fill vacancies for patient care. It was necessary to return these positions to the Nursing division. A critical period of reorganization was weathered, for only 3 seamstresses remained on the quota of this department. It was not possible to home produce the same volume of work with the reduced staff, so it became necessary to purchase more manufactured goods. A study of comparative costs of purchased and home produced goods is being made. If a saving of considerable proportion can be attained it may prove profitable to increase the number of employees.

The table below shows how the increase in the number of patients working here from 16 to 34 helped keep production up:

	<u>1948</u>	<u>1947</u>
Home produced articles	19,586	25,982
Yard goods cut	39,807	43,681
Clothing mended	25,980	33,780
Clothing Marked	69,126	65,485



Restyling of dresses and bathrobes issued has improved appearance of patients.

Two ancient sewing machines must be replaced and several more repaired if the work is to be accelerated.

#### Housekeeping Department

Faced with what seemed to be an almost insurmountable task - that of refurnishing employee buildings stripped of equipment for ward use during the war when scarcities prevented purchase of replacements - the housekeeping department has restored all employee buildings to full use. Discarded furniture was pulled out of salvage lofts and refinished; equipment was searched out and returned to its rightful place.

During most of the year, the department operated with a handicap of 10 unfilled housemaid blocks and 4 porters' positions vacant. Salaries were too low to recruit personnel.

New furnishings consisting of 67 complete units were obtained for the West Employees' Building. 4 living room sets and 4 bedroom sets were purchased for new staff apartments that were built to accommodate the expanding medical staff. New refrigerators and floor polishers were also received.

Still much needed is furniture for the three large living rooms of the Male, East and West Employees' Buildings. Curtains and drapes are needed in all employee buildings as are rugs; linoleum should be replaced in the East Employees' Building. Another bathroom and toilet in the West Employees' Building is a must in the section used by married couples. The Male Employees' Building



needs extensive plumbing repairs; this building also has very poor locks that are in constant need of repair.

An inventory has been undertaken and will be continued until each unit has a file card currently listing its furnishings.

#### Status of Certain Essential Items

Certain essential items of bedding and clothing were in short supply at the start of the year. A comparative table has been prepared to show the issue of goods, the destruction, and the amount left for coverage:

	<u>Purchased and Issued</u>	<u>Home Produced</u>	<u>Total Issue</u>	<u>Destroyed*</u>	<u>Total Net Increases</u>
<b>Bedding and Linens</b>					
Mattresses	0	865	865	698	167
Sheets	64	8717	8781	1197	7584
Pillow Cases	3059	2268	5327	not reported	
Blankets	2800	0	2800	582	2218
Strong Blankets	50	0	50	24	26
Bed Spreads	2423	0	2423	56	2367
Bath Towels	0	2717	2717	157	2560
Hand Towels	0	4914	4914	38	4876
<b>Clothing</b>					
Women's Dresses	1612	1586	3198	1131	2067
" Strong "	0	1008	1008	470	538
Men's Shirts	2497	0	2497	1046	1451
" Trousers	1999	0	1999	774	1225
Bathrobes	496	179	675	208	467
Bed Gowns	1200	110	1310	441	869

\*Destruction figures are only as accurate as reported. Discrepancies in current inventory can be explained in part by the fact that many salvageable items are awaiting mending and repair.



Comparative Inventories show Progressive Coverage

	<u>7 August 1948</u>	<u>30 June 1947</u>
Blankets	3401	3188
Bathrobes	349	857
Bed Gowns	560	1257
Sheets	6261	5447
Pillow Cases	3908	2807
Spreads	3844	1864
Bath Towels	1283	513
Hand Towels	262	0
Dresses	1333	1885

Garage and Grounds Department

No additional personnel was assigned to this unit when the 40 hour week became law. 4,500 man hours of work were lost. As vehicles had to be driven; most of this loss fell on grounds maintenance.

The department was reorganized into a transportation section consisting of chauffeurs, truck drivers and repairmen; a grounds section for grounds maintenance and greenhouse operation; and a police section of patrolmen, watchmen, and gatemen.

Motor vehicle replacement was resumed after having been discontinued during the war. 2 cars and 3 trucks were exchanged. A 37 passenger bus was obtained from the War Assets Administration at a cost of \$48.00. It is estimated that this vehicle will save \$800.00 per year for bus hire. (The hospital had for years hired an M. T. A. bus on Saturdays and Sundays to take patients to religious services.)



Total vehicle mileage increased 4,194 over 1947 on the 15 vehicles of the fleet.

Grounds equipment is badly in need of repair and replacement. The hard winter found our tractors unequal to the task of snow plowing. Breakdowns were constant and the same machine fault handicapped the grass and hay cutting essential to good grounds care.

Most helpful would be an increase in the ward attendant quota to the point where outside work details would again be available with patient workers to assist in grounds care.



## MAINTENANCE DEPARTMENT

Satisfactory progress was made toward the goal of good building maintenance. The number of painters available is still insufficient to do the needed work and the budget for paint to cover areas that need attention is inadequate. One mason block only could be filled during the year so only the projects one man could do were completed. Worthy of special note is the roof repair program which restored many sections at a saving as compared with the previous method of letting contracts for this work.

Painters worked outside for 4 months of the year and painted the laundry, power house, Farm apartments, Superintendent's house, and Avenue cottages 1,2,3,4, and all doors and entrances to buildings. Interior painting was done in H, West kitchen and employees' dining room, Nurses quarters and selected areas in staff house, B basement, farm apartments, Adm. Bldg., East and West Employees' Bldgs. All exits and most fire signs were re-stenciled.

Roofers worked on A-B-H-M-O-P and E Kitchen, West Employees, Ave.4 Cottages, Canteen and Power House roofs. A new asphalt tile floor was laid in Rec. 2 day hall and repairs were made in G Bldg. to tile floors.

Much routine repair work was done to repair doors and windows. About 666 panes of broken window glass were replaced each month. Screens were put up and taken down, power house boilers repaired, walls plastered and some 1527 pieces of furniture were repaired during the year.



### Engineers Department

The magnitude of the problems still to be faced before the hospital utilities are functioning at pre-war levels of maintenance seems great indeed and obscures the real progress that has been made. There is still a back log of projects on new work impatiently awaiting its turn after more basic repairs are completed. Frequent changes of engineer personnel have been frustrating and hard on those who must carry the burden of this vital service. Sometimes the plant has been operated with only 2 available engineers out of a quota of five. The main steam line is concealed underground and is serviced with tremendous difficulty through hot, non-ventilated valve pits. The large number of motors, transformers and electrical transmissions system on poles, could keep an electrician occupied full time if we had the personnel.

Repairs were made to all coal pulverizers and boilers were cleaned and inspected and approved. Some steam lines and many valves were replaced. Many electrical repairs were carried out with several major projects completed such as the installation of ventilating fans on roof of power plant and in the laboratory, laundry machinery and the wiring for the new physical therapy department. New Unit Heaters were installed in the A Cafeteria to replace 8 wall type radiators. The chimney shaft was repointed and several other projects completed.

Weekly inspections were made of the sprinkler system and all fire extinguishers were given an annual recharge.



The following data on use of fuel is of interest.

	<u>1948</u>	<u>1947</u>	<u>1946</u>
Tons of Coal Consumed	9,762	11,446	9,181
Gallons of Oil	755,943	340,899	1,091,756

The 48 year normal is 5,853 degree days. There were from Aug. 31, 1947 to May 31, 1948 - 6,162 degree days and from Aug. 31, 1946 to May 31, 1947 - 5,409 degree days.

Comparative fuel costs:

	<u>1948</u>	<u>1947</u>
Coal per ton	\$11.98	\$10.84
Oil per gallon	.085	.078



### THE HOSPITAL CANTEEN

Patients confined to the hospital enjoy the privilege of going to the canteen to buy luxuries and comfort articles such as cigarettes, candy, cookies, soft drinks or stationery. Relatives are encouraged to deposit money in their patient's account so that a canteen credit card can be issued. Shopping service is provided for those who may be too ill to go to the store themselves.

The profits that accumulated from sales were spent for the 16mm sound feature films shown to the sick, infirm and disturbed patients who could not attend movies in the Chapel; for the musical programs of group singing, patient orchestra and individual music classes; for refreshments and prizes at the weekly patient parties; for the expenses incident to the monthly dances and special entertainments and holiday celebrations; for occupational therapy supplies and recreational equipment and for employees service pins and employees recreation and furnishings.

Operation of the Canteen during the year was efficient and profitable. Income was swelled by the placement of vending machines in employee buildings and visiting centers. An orderly budget system enabled the occupational therapy department to conduct its recreational program for patients and sufficient funds have now been accumulated to purchase the basic control unit for a hospital-wide radio, to be developed later, as well as to begin the furnishing of an employee's recreation room adjacent to the canteen.



### Treasurer's Division

There has been marked improvement in the operation of this department. Gains were made by heroic efforts on the part of all employees of the unit. Work had been behind and only payroll was current. Obstacles were overcome in the face of an expanding number of employees, rapid turnover, ever increasing complexity of payroll deductions, and extra work such as salary revisions, a bonus payment of \$127.50 to each employee with 6 months' service, etc. The work load has pyramided until the entire payroll system has become so cumbersome that some simpler machine system should be instituted. The authorized staff in the Treasurer's division is hopelessly inadequate to handle its weight of responsibility as well as the new tasks that are constantly being added - witness the turning over to the institutions of the retirement escrow account. Many, many hours of overtime are necessary each week to get the payroll out on time and to keep operations current. This hospital has filled two vacant housemaid blocks with clerks, one assigned in the Treasurer's Office and another placed in the Personnel Office, that performs related work formerly handled in the Treasurer's Office. An immediate need is authority for use of a payroll machine, simplification of method of paying and a Senior Clerk to assist in the preparation of the payroll. (the department has none at present.)



## AUDITORS REPORT

The auditor completed an examination of the accounts for the period 6 March 47 to 19 May 1948. Verbal comments of the auditor expressed general satisfaction with the financial operations. In the written report critical comments and recommendations were made for improved bookkeeping control which will be carried out.

It was recommended that outstanding checks, uncalled for some time have payment stopped and be set up in an "Unpaid Check Fund" and that pay roll checks in same category be paid into the Unpaid Check Fund of the State Treasurer. Current reconciliation of the Special Pay Roll Bank account was recommended. Also requested was a control account in the general ledger to record patient bank books. Additional money from the Patients' Fund should be put into a Savings account. Income from a pay telephone station should go to the state income instead of to the canteen. It was recommended that funds of deceased patients and those of discharged patients unclaimed for 7 years be turned over to the State Treasurer.

Although the hospital has established a clearance system for patients being discharged, unclaimed funds continue to accumulate even though letters are sent to them. The fact that patients continue to be discharged at night and on week-ends when the Treasurer's Office is closed make it difficult to meet the auditor's recommendation that every patient clear through the Treasurer before discharge.



### ACKNOWLEDGEMENTS

The many friends of the hospital have been generous in their gifts of clothing, books, magazines, and in their services to patients. The hospital gratefully thanks all those who have been so helpful. Although we cannot name all that have given time and material gifts, special thanks are given to the American Red Cross for its unusual musical concerts; the Salvation Army for its kindness to the sick in H Building; the Women's Auxiliary of the American Legion and the Veterans of Foreign Wars for parties and gifts to veteran patients; Massachusetts Federation of Music Clubs for furnishings of a music room; West Roxbury Kiwanis Club for Occupational Therapy supplies, clothing and radios; Malden Chapter Disabled Veterans for athletic goods; St. Margaret's Convent Church, Parkway Methodist Church, the Marion Guild for the Blind and many others.



## RECOMMENDATIONS

The most urgent need of the hospital is for more personnel on the wards. The needs have been fully described in our report to the Department of Mental Health under the date of June 16, 1948, Subject: Preliminary Budget Requests for Personnel Changes in 1950.

695 more patients were in residence on June 30, 1948 than there were on June of 1940 and 24 fewer persons were assigned on the Ward Service to care for them. Available man-hours of work by employees has been reduced by the adoption of a 40-hour work week in place of one of 48 hours.

A high admission rate, an increased number of aged and infirm patients, and the increased demands of modern treatment methods for more nursing time all evidence the urgency of the need for an adequate adjustment of personnel quotas. More supervisors, head nurses, charged attendants, attendants, barbers, clothing caretakers are needed.

Among many personnel needs, should be mentioned the Medical Record Office where a critical condition still exists. It is hoped that additional medical stenographic blocks will be established and more switchboard operators provided.

Attention has been invited in submitted reports to the need for personnel to establish an out-patient clinic. Such a clinic, treating emotional problems, may assist in the prevention of unnecessary hospitalization. Additional maintenance workers and another hospital dentist should also be authorized.



### Needed Improvements:

1. 300 additional beds in a Medical and Surgical Building to relieve overcrowding. \$1,650,000

Overcrowding is extreme, amounting to nearly 30%. The hospital population is increasing at the rate of 80 patients each year. New construction is imperative.

2. Hydrotherapy \$10,000

There are no facilities in this hospital on either male or female security wards for hydrotherapeutic treatments.

A small unit that will give treatment to acutely disturbed patients should assist greatly in management and reduce destruction.

3. Cafeteria Furniture \$5,632

This is to replace tables and chairs, some of which are now 40 years old and worn out.

4. Dry Cleaning Plant \$9,000

The hospital has no facilities for cleaning woolen bedding or garments. It is too costly to send this material out for cleaning.

5. Recreation Building \$500,000

There are no facilities for indoor recreation. The Chapel Building seats only 400 persons and is located in the East Group. The hospital needs recreation space that will handle 40% of the 3,000



population, otherwise entertainments and movies are seen only by a fraction of those who could enjoy them.

6. Radio Installation \$7,500  
Nothing has become more completely a part of daily living than the radio. Shut-ins, like our patients, enjoy it immensely. We need to have a central radio control system with selected music distributed to each ward.
7. Replacement and Relocation of the Garage \$40,000  
The hospital does not have space available to house its vehicles.
8. Bakery Renovation \$35,000  
The hospital presently has no bakery and must purchase its bread. It has no means to prepare pies, cakes or cookies. A bakery would enable us to give greater variety in our diet at a lower cost. The hospital favors a central bakery serving the mental institutions in the Boston area; if this cannot be provided, an institution bakery is a must.
9. Plumbing Renovation B and K Buildings \$45,000  
In both of these buildings plumbing is now obsolete and in constant need of repair. In the B Building, the plan must provide facilities for the increasing number of senile and infirm patients.
10. Fire Safety Exits and Hand Rails \$6,895.50  
The Department of Public Safety will not issue building approval certificates until this project is completed.



11. Renovation of Heating System, B. M, N, R \$15,000

All of the above major requests (except number 9)  
are repetitions of those of previous years.

Also presented are the following, (desirable but less urgent),  
projects:

1. Convalescent Wings to the Reception Building,	
200 beds	\$1,000,000
2. Utilities Tunnel Power House to West Group	\$500,000
3. Connecting Tunnels, West Group Buildings	\$300,000
4. Employees' Garage	\$20,000
5. Machine Shop	\$50,000

Contractural Projects

The most urgent projects requested for next year are  
the following which total, \$38,700.

1. Window Replacement	\$1,200
2. Flooring Replacement	5,000
3. Garbage Refrigerator (West Kitchen)	2,000
4. Fire Safety Locked Fire Hose Cabinets	2,000
5. Rebuild Porches, I and L Buildings	8,600
6. Construct Enclosed Porch, G Building	9,000
7. Cleaning Heating System	2,000
8. Parking Area	7,500
9. Incinerator Improvement	900



### New Equipment Needed

The hospital has many equipment needs, chief among which are the following:

<u>Medical Equipment</u>	(Sterilizers, gas machines, wheel chairs, charts, etc.)	\$5,000
<u>Physical Therapy</u>	- Additional Equipment (Diathermy, ultraviolet, etc.)	1,600
<u>Occupational Therapy</u>	- (Work benches, woodworking machinery, printing press, sewing machines, kiln)	3,800
<u>Nurses' Station Equipment</u>	- (Supply cabinets desks, chairs, files)	1,100
<u>Barber Shop</u>	(Additional chairs and mirrors)	900
<u>Bathing Suites</u>	- (Wheeled clothes bag stands and long tables for clean clothing distribution)	500
<u>Women's Ward Clothing Care Units</u>	(Ironing boards, sewing machines, irons)	1,300
<u>Ward Furniture</u>	- (Heavy duty chairs, standard chairs, and bedside tables)	5,000
<u>Medical Record and Business Office Equipment</u>	(Typewriter replacement, transfer files, dictating machines and desks.)	3,712
3 Dishwashing Machines with Tables and pre-rinse	(East, B, West Employees and Administration)	7,000



Other equipment items needed include gas ovens, food preparation tables, ice cream freezer, refrigerators, toasters, coffee urns, living room and dining room and bedroom furniture, vacuum cleaners, floor polishers, clothing room lockers and bins, sewing machines, etc. Details have been included in the submitted budget.

The individual who develops a mental illness and who requires care in a public psychiatric hospital should receive the same standard of care and treatment offered in our public tuberculosis and general hospitals established for the care of physical ailments. If the list of needs appears long it is only an expression of what must be constructed or procured to achieve the goal of good psychiatric treatment.